



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center - W066-G609 Silver Spring, MD 20993-0002

January 18, 2013

Mr. Lau Siong Hut General Manager Operations Nitrilist Gloves Manufacturing Sdn Bhd PT 197, Kawasan Perindustrian Dioh Kuala Pilah Negeri Sembilan, Malaysia 72000

Re: K123328

Trade/Device Name: Powder-Free Nitrile Examination Gloves, Blue and Black

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Glove

Regulatory Class: I Product Code: LZA

Dated: December 14, 2012 Received: December 17, 2012

## Dear Mr. Hut:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital,

Respiratory, Infection Control and

**Dental Devices** 

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## 4

## Indications for Use

		•	·	
510(k) Number (if kn	own):			
•				
Davies Name: POWI	DER-FREE NITRILE EXAM	INATION GLOVES BLUE	AND BLACK	
Device Name: FOW		INATION GEOVES, BEGE	1111 <i>D DD</i> 11011	
•				
Indications For Use:	A powder-free patient examination between contamination between	worn on the examiner's hand	levice intended or finger to	
	prevent contamination octav	cen patient and examiner.		
	,	:		
÷				
•				
-1			<i>;</i>	
Prescription Use	AND/OR	Over-The-Counter Use (21 CFR 801 Subpart C)	<u> </u>	
	1	(KF-U., 19. % - 195 m²		
(DI EASE DO NOT S	WDITE DELOW TURE LAND		MACE III	
NEEDED)	WRITE BELOW THIS LINE		4 %	
Concurrence of CDR	H, Office of Device Evaluation		<u>6</u> 16:57:33 -05'0	
		(Division Sign-O Division of Anes	(Division Sign-Off) Division of Anesthesiology, General Hospital Infection Control, Dental Devices	
			•	